

Facility Name & ID Number Alden Poplar Creek Rehab & HCC

0032896 Report Period Beginning: 01/01/2004 Ending: 12/31/2004

III. STATISTICAL DATA

A. Licensure/certification level(s) of care; enter number of beds/bed days, (must agree with license). Date of change in licensed beds

	1	2	3	4	
	Beds at Beginning of Report Period	Licensure Level of Care	Beds at End of Report Period	Licensed Bed Days During Report Period	
1	217	Skilled (SNF)	217	79,422	1
2		Skilled Pediatric (SNF/PED)			2
3		Intermediate (ICF)			3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	217	TOTALS	217	79,422	7

B. Census-For the entire report period.

	1 Level of Care	2 3 4 5 Patient Days by Level of Care and Primary Source of Payment				
		Public Aid Recipient	Private Pay	Other	Total	
8	SNF	7,909	3,364	10,952	22,225	8
9	SNF/PED					9
10	ICF	29,495	7,148	1,364	38,007	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	37,404	10,512	12,316	60,232	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 75.84%

D. How many bed-hold days during this year were paid by Public Aid? (Do not include bed-hold days in Section B.)

E. List all services provided by your facility for non-patients. (E.g., day care, "meals on wheels", outpatient therapy) day care

F. Does the facility maintain a daily midnight census? yes

G. Do pages 3 & 4 include expenses for services or investments not directly related to patient care? YES NO x

H. Does the BALANCE SHEET (page 17) reflect any non-care assets? YES NO x

I. On what date did you start providing long term care at this location? Date started 05/01/88

J. Was the facility purchased or leased after January 1, 1978? YES x Date 11/12/95 NO

K. Was the facility certified for Medicare during the reporting year? YES x NO If YES, enter number of beds certified 84 and days of care provided 10,217

Medicare Intermediary Administar Federal

IV. ACCOUNTING BASIS

ACCRAUAL x MODIFIED CASH* CASH*

Is your fiscal year identical to your tax year? YES X NO

Tax Year: 12/31/04 Fiscal Year: 12/31/04 * All facilities other than governmental must report on the accrual basis.

Facility Name & ID Number Alden Poplar Creek Rehab & HCC # 0032896 Report Period Beginning: 01/01/2004 Ending: 12/31/2004

V. COST CENTER EXPENSES (throughout the report, please round to the nearest dollar)

	Operating Expenses	Costs Per General Ledger				Reclass- ification 5	Reclassified Total 6	Adjust- ments 7	Adjusted Total 8	FOR OHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10	
	A. General Services											
1	Dietary	353,167	30,689	9,600	393,456	1,233	394,689		394,689			1
2	Food Purchase		347,307		347,307	(35,276)	312,031	(9,830)	302,201			2
3	Housekeeping	175,322	32,218		207,540	636	208,176		208,176			3
4	Laundry	60,755	18,194		78,949	227	79,176		79,176			4
5	Heat and Other Utilities			219,684	219,684		219,684	(1,392)	218,292			5
6	Maintenance	68,386	1,489	149,017	218,892	466	219,358	7,679	227,037			6
7	Other (specify):* Related Party Salary							44,544	44,544			7
8	TOTAL General Services	657,630	429,897	378,301	1,465,828	(32,714)	1,433,114	41,001	1,474,115			8
	B. Health Care and Programs											
9	Medical Director			12,600	12,600		12,600		12,600			9
10	Nursing and Medical Records	3,047,341	166,488	26,148	3,239,977	4,659	3,244,636	(139,795)	3,104,841			10
10a	Therapy	8,588			8,588		8,588		8,588			10a
11	Activities	83,816	4,002	5,831	93,649		93,649		93,649			11
12	Social Services	59,778			59,778	492	60,270		60,270			12
13	Nurse Aide Training											13
14	Program Transportation											14
15	Other (specify):* Related Party Salary							33,310	33,310			15
16	TOTAL Health Care and Programs	3,199,523	170,490	44,579	3,414,592	5,151	3,419,743	(106,485)	3,313,258			16
	C. General Administration											
17	Administrative	68,907			68,907		68,907		68,907			17
18	Directors Fees											18
19	Professional Services			790,710	790,710		790,710	(662,026)	128,684			19
20	Dues, Fees, Subscriptions & Promotions			58,321	58,321		58,321	(47,557)	10,764			20
21	Clerical & General Office Expenses	161,853	18,693	103,719	284,265		284,265	78,345	362,610			21
22	Employee Benefits & Payroll Taxes			686,339	686,339	27,563	713,902	(367)	713,535			22
23	Inservice Training & Education											23
24	Travel and Seminar			13,076	13,076		13,076	14,383	27,459			24
25	Other Admin. Staff Transportation											25
26	Insurance-Prop.Liab.Malpractice			189,445	189,445		189,445	13,544	202,989			26
27	Other (specify):* Related Party Salary			(54,082)	(54,082)		(54,082)	529,028	474,946			27
28	TOTAL General Administration	230,760	18,693	1,787,528	2,036,981	27,563	2,064,544	(74,650)	1,989,894			28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	4,087,913	619,080	2,210,408	6,917,401		6,917,401	(140,134)	6,777,267			29

*Attach a schedule if more than one type of cost is included on this line, or if the total exceeds \$1000.

NOTE: Include a separate schedule detailing the reclassifications made in column 5. Be sure to include a detailed explanation of each reclassification.

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR OHF USE ONLY		
		Salary/Wage	Supplies	Other	Total					9	10	
	D. Ownership	1	2	3	4	5	6	7	8			
30	Depreciation			71,255	71,255		71,255	363,642	434,897			30
31	Amortization of Pre-Op. & Org.							3,570	3,570			31
32	Interest			735,042	735,042		735,042	(54,920)	680,122			32
33	Real Estate Taxes							639,505	639,505			33
34	Rent-Facility & Grounds			1,488,094	1,488,094		1,488,094	(1,488,094)				34
35	Rent-Equipment & Vehicles			16,567	16,567		16,567	24,143	40,710			35
36	Other (specify):*							48,638	48,638			36
37	TOTAL Ownership			2,310,958	2,310,958		2,310,958	(463,516)	1,847,442			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		650,177	718,728	1,368,905		1,368,905	(71,019)	1,297,886			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops		66		66		66	(66)				41
42	Provider Participation Fee			119,133	119,133		119,133		119,133			42
43	Other (specify):*											43
44	TOTAL Special Cost Centers		650,243	837,861	1,488,104		1,488,104	(71,085)	1,417,019			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	4,087,913	1,269,323	5,359,227	10,716,463		10,716,463	(674,735)	10,041,728			45

*Attach a schedule if more than one type of cost is included on this line, or if the total exceeds \$1000.

VI. ADJUSTMENT DETAIL

A. The expenses indicated below are non-allowable and should be adjusted out of Schedule V, pages 3 or 4 via column 7.

In column 2 below, reference the line on which the particular cost was included. (See instructions.)

	NON-ALLOWABLE EXPENSES	1 Amount	2 Refer- ence	3 OHF USE ONLY	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals				4
5	Telephone, TV & Radio in Resident Rooms				5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation				9
10	Interest and Other Investment Income	(145)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(1,988)	2		13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees	(19,801)	21		17
18	Fines and Penalties	(3,050)	32		18
19	Entertainment	(1,623)	20		19
20	Contributions	(2,327)	20		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(15,959)	19		22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	54,082	27		24
25	Fund Raising, Advertising and Promotional	(40,250)	20		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	Nurse Aide Training for Non-Employees				27
28	Yellow Page Advertising	(212)	20		28
29	Other-Attach Schedule				29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (31,273)		\$	30

OHF USE ONLY							
48		49		50		51	

B. If there are expenses experienced by the facility which do not appear in the
general ledger, they should be entered below.(See instructions.)

		1 Amount	2 Reference	
31	Non-Paid Workers-Attach Schedule*	\$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)	131,033	Various	34
35	Other- Attach Schedule	(774,495)	Pg 5A	35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (643,462)		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B))	\$ (674,735)		37

*These costs are only allowable if they are necessary to meet minimum licensing standards. Attach a schedule detailing the items included on these lines.

C. Are the following expenses included in Sections A to D of pages 3
and 4? If so, they should be reclassified into Section E. Please
reference the line on which they appear before reclassification.
(See instructions.)

		1 Yes	2 No	3 Amount	4 Reference	
38	Medically Necessary Transport.		X	\$		38
39			X			39
40	Gift and Coffee Shops		X			40
41	Barber and Beauty Shops		X			41
42	Laboratory and Radiology		X			42
43	Prescription Drugs		X			43
44	Exceptional Care Program		X			44
45	Other-Attach Schedule		X			45
46	Other-Attach Schedule		X			46
47	TOTAL (C): (sum of lines 38-46)			\$		47

Report Period Beginning:

Ending:

ID#

0032896

01/01/2004

12/31/2004

Sch. V Line

NON-ALLOWABLE EXPENSES		Amount	Reference	
1	Late fees on utilities	\$ (4,693)	5	1
2	Gift shop expenses	(66)	41	2
3	Intercompany interest	(721,584)	32	3
4	Marketing Manager	(2,101)	21	4
5				5
6	ICHA fees	(3,724)	20	6
7	Marketing Employ. Benefit deduction	(367)	22	7
8	bank charges Poplar LLC	(50)	21	8
9	LLC,AMS interest	(40,993)	32	9
10	Medical Records (GL 4977)	(672)	21	10
11	Food service (GL 4977)	(245)	2	11
12				12
13				13
14				14
15				15
16				16
17				17
18				18
19				19
20				20
21				21
22				22
23				23
24				24
25				25
26				26
27				27
28				28
29				29
30				30
31				31
32				32
33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	Total	(774,495)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Alden Poplar Creek Rehab & HCC # 0032896 Report Period Beginning: 01/01/2004 Ending: 12/31/2004

SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

	Operating Expenses	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY	
	A. General Services	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS	
													(to Sch V, col.7)	
1	Dietary	0	0	0	0	0	0	0	0	0	0	0	0	1
2	Food Purchase	(2,233)	0	0	(7,597)	0	0	0	0	0	0	0	(9,830)	2
3	Housekeeping	0	0	0	0	0	0	0	0	0	0	0	0	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	(4,693)	0	3,301	0	0	0	0	0	0	0	0	(1,392)	5
6	Maintenance	0	0	9,860	0	0	0	(33)	(2,148)	0	0	0	7,679	6
7	Other (specify):*	0	0	44,544	0	0	0	0	0	0	0	0	44,544	7
8	TOTAL General Services	(6,926)	0	57,705	(7,597)	0	0	(33)	(2,148)	0	0	0	41,001	8
	B. Health Care and Programs													
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	0	0	0	(125,428)	(14,367)	0	0	0	0	0	0	(139,795)	10
10a	Therapy	0	0	0	0	0	0	0	0	0	0	0	0	10a
11	Activities	0	0	0	0	0	0	0	0	0	0	0	0	11
12	Social Services	0	0	0	0	0	0	0	0	0	0	0	0	12
13	Nurse Aide Training	0	0	0	0	0	0	0	0	0	0	0	0	13
14	Program Transportation	0	0	0	0	0	0	0	0	0	0	0	0	14
15	Other (specify):*	0	0	33,310	0	0	0	0	0	0	0	0	33,310	15
16	TOTAL Health Care and Programs	0	0	33,310	(125,428)	(14,367)	0	0	0	0	0	0	(106,485)	16
	C. General Administration													
17	Administrative	0	0	0	0	0	0	0	0	0	0	0	0	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(15,959)	17,050	(663,117)	0	0	0	0	0	0	0	0	(662,026)	19
20	Fees, Subscriptions & Promotions	(48,136)	0	579	0	0	0	0	0	0	0	0	(47,557)	20
21	Clerical & General Office Expenses	(22,624)	0	37,375	53,479	10,115	0	0	0	0	0	0	78,345	21
22	Employee Benefits & Payroll Taxes	(367)	0	0	0	0	0	0	0	0	0	0	(367)	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	0	14,383	0	0	0	0	0	0	0	0	14,383	24
25	Other Admin. Staff Transportation	0	0	0	0	0	0	0	0	0	0	0	0	25
26	Insurance-Prop.Liab.Malpractice	0	13,226	318	0	0	0	0	0	0	0	0	13,544	26
27	Other (specify):*	54,082	0	446,725	12,544	15,677	0	0	0	0	0	0	529,028	27
28	TOTAL General Administration	(33,004)	30,276	(163,737)	66,023	25,792	0	0	0	0	0	0	(74,650)	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(39,930)	30,276	(72,722)	(67,002)	11,425	0	(33)	(2,148)	0	0	0	(140,134)	29

SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

	Capital Expense	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY	
	D. Ownership	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS	
													(to Sch V, col.7)	
30	Depreciation	0	353,100	9,144	0	1,398	0	0	0	0	0	0	363,642	30
31	Amortization of Pre-Op. & Org.	0	1,663	1,907	0	0	0	0	0	0	0	0	3,570	31
32	Interest	(765,772)	653,497	54,100	0	726	2,529	0	0	0	0	0	(54,920)	32
33	Real Estate Taxes	0	630,908	7,908	0	689	0	0	0	0	0	0	639,505	33
34	Rent-Facility & Grounds	0	(1,488,094)	0	0	0	0	0	0	0	0	0	(1,488,094)	34
35	Rent-Equipment & Vehicles	0	0	24,143	0	0	0	0	0	0	0	0	24,143	35
36	Other (specify):*	0	48,638	0	0	0	0	0	0	0	0	0	48,638	36
37	TOTAL Ownership	(765,772)	199,712	97,202	0	2,813	2,529	0	0	0	0	0	(463,516)	37
	Ancillary Expense													
	E. Special Cost Centers													
38	Medically Necessary Transportation	0	0	0	0	0	0	0	0	0	0	0	0	38
39	Ancillary Service Centers	0	0	0	(38,368)	(52,584)	19,933	0	0	0	0	0	(71,019)	39
40	Barber and Beauty Shops	0	0	0	0	0	0	0	0	0	0	0	0	40
41	Coffee and Gift Shops	(66)	0	0	0	0	0	0	0	0	0	0	(66)	41
42	Provider Participation Fee	0	0	0	0	0	0	0	0	0	0	0	0	42
43	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	43
44	TOTAL Special Cost Centers	(66)	0	0	(38,368)	(52,584)	19,933	0	0	0	0	0	(71,085)	44
	GRAND TOTAL COST													
45	(sum of lines 29, 37 & 44)	(805,768)	229,988	24,480	(105,370)	(38,346)	22,462	(33)	(2,148)	0	0	0	(674,735)	45

VII. RELATED PARTIES

A. Enter below the names of ALL owners and related organizations (parties) as defined in the instructions. Attach an additional schedule if necessary.

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
The Alden Group Ltd.	100%	See Pg 6K		See Pg 6K		

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.

☒ YES

☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
1	V	34	Rent Income	\$ 1,488,094	Poplar Creek LLC	100.00%	\$	\$ (1,488,094)	1
2	V	32	Investment Income RR	368				(368)	2
3	V	19	Accounting Fee				3,950	3,950	3
4	V	19	Misc. Admin Fees				13,100	13,100	4
5	V	33	Real estate tax				630,908	630,908	5
6	V	26	Property/Liability insurannce				13,226	13,226	6
7	V	32	Interest on mortgage				612,872	612,872	7
8	V	32	Interest on amount due to AMS				40,993	40,993	8
9	V	30	Depreciation				353,100	353,100	9
10	V	31	Amortization				1,663	1,663	10
11	V	36	Mortgage insurannde premium				48,638	48,638	11
12	V								12
13	V								13
14	Total			\$ 1,488,462			\$ 1,718,450	\$ * 229,988	14

* Total must agree with the amount recorded on line 34 of Schedule VI.

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.

☒ YES ☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	19	Professional fees	\$ 674,800	Alden Management Services		\$ 11,683	\$ (663,117)	15
16	V	21	Clerical and G & A		Alden Management Services		37,375	37,375	16
17	V	5	Utilities		Alden Management Services		3,301	3,301	17
18	V	6	Maintenance		Alden Management Services		9,860	9,860	18
19	V	24	Travel & seminar		Alden Management Services		14,383	14,383	19
20	V	26	Insurance		Alden Management Services		318	318	20
21	V	20	Dues/subscriptions/fees etc		Alden Management Services		579	579	21
22	V	30	Depreciation		Alden Management Services		9,144	9,144	22
23	V	31	Amortization		Alden Management Services		1,907	1,907	23
24	V	33	Real estate taxes		Alden Management Services		7,908	7,908	24
25	V	35	Rent-equipment/vehicles		Alden Management Services		24,143	24,143	25
26	V	32	Interest		Alden Management Services		54,100	54,100	26
27	V	7	Salaries-general serv		Alden Management Services		44,544	44,544	27
28	V	15	Salaries-health care		Alden Management Services		33,310	33,310	28
29	V	27	Salaries-general admin		Alden Management Services		446,725	446,725	29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			\$ 674,800			\$ 699,280	\$ * 24,480	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.

X YES NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	2	tube-feeding	\$ 34,461	Pyramid Health Care		\$ 26,864	\$ (7,597)	15
16	V	10	nursing supplies	131,395	Pyramid Health Care		5,967	(125,428)	16
17	V	39	perdiems/other supplies	87,200	Pyramid Health Care		48,832	(38,368)	17
18	V	21	gen'l& admin		Pyramid Health Care		53,479	53,479	18
19	V	27	gen'l& admin salaries		Pyramid Health Care		12,544	12,544	19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			\$ 253,056			\$ 147,686	\$ * (105,370)	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.

X YES NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	39	drugs	\$ 215,995	Forum Extended Care II		\$ 186,304	\$ (29,691)	15
16	V	10	house stock	3,714	Forum Extended Care II		3,204	(510)	16
17	V	39	I.V.	166,542	Forum Extended Care II		143,649	(22,893)	17
18	V								18
19	V	21	gen'l & admin.		Forum Extended Care II		10,115	10,115	19
20	V	32	interest		Forum Extended Care II		726	726	20
21	V	33	real estate tax		Forum Extended Care II		689	689	21
22	V	30	depreciation		Forum Extended Care II		1,398	1,398	22
23	V	27	Gen'l & admin salary		Forum Extended Care II		15,677	15,677	23
24	V	10	Pharmacy Consulting	13,857	Forum Extended Care II			(13,857)	24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			\$ 400,108			\$ 361,762	\$ * (38,346)	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.

X YES NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	39	Therapy	\$ 685,962	Community Physical Therapy		\$ 705,895	\$ 19,933	15
16	V	32	Interest		Community Physical Therapy		2,529	2,529	16
17	V								17
18	V								18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			\$ 685,962			\$ 708,424	\$ * 22,462	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.

X YES NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	6	repairs and maintenance	\$ 22,682	Alden Bennett Construction		\$ 22,649	\$ (33)	15
16	V								16
17	V								17
18	V								18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			\$ 22,682			\$ 22,649	\$ * (33)	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.

X YES NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	6	Carpet Cleaning	\$ 15,730	Alden Realty-carpet care		\$ 14,077	\$ (1,653)	15
16	V	6	Floor cleaning	5,084	Alden Realty-floor care		4,589	(495)	16
17	V								17
18	V								18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			\$ 20,814			\$ 18,666	\$ * (2,148)	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

RELATED NURSING HOMES	
Name	City
Note: ANC = Alden Nursing Center	
ANC Lakeland	Chicago
ANC Long Grove	Long Grove
ANC Heather	Harvey
ANC Lincoln Park	Chicago
ANC Northmoor	Chicago
ANC Town Manor	Chicago
ANC Terrace of McHenry	McHenry
ANC Morrow	Chicago
ANC Wentworth	Chicago
ANC Naperville	Naperville
ANC Valley Ridge	Bloomingtondale
ANC Village for Children & Young Adults	Bloomingtondale
ANC Orland Park	Orland Park
ANC Princeton	Chicago
Alden of Old Town East	Bloomingtondale
Alden of Old Town West	Bloomingtondale
Alden Trails	Bloomingtondale
Alden Northshore	Skokie
ANC Des Plaines	Des Plaines
ANC Des Plaines II	Des Plaines
ANC Alma Nelson	Rockford
ANC Park Stratmoor	Rockford
ANC Meadow Park	Rockford
ANC Waterford	Aurora
ANC Governors' Park	Barrington
ANC Gardens of Rockford	Rockford

OTHER RELATED BUSINESS ENTITIES		
Name	City	Type of Business
The Forum Prof. Center	Chicago	Office rental
Pyramid Health Care	Chicago	Nursing supplies
Forum Extended Care II	Chicago	Pharmacy
Alden Management	Chicago	Management
Alden Estates of Evanston	Evanston	Assisted living
Community Physical Therapy	Wood Dale	Therapy provider
Courts of Waterford	Aurora	Alzheimers unit
Gardens of Waterford	Aurora	Assisted living

VII. RELATED PARTIES (continued)

C. Statement of Compensation and Other Payments to Owners, Relatives and Members of Board of Directors.

NOTE: ALL owners (even those with less than 5% ownership) and their relatives who receive any type of compensation from this home must be listed on this schedule.

	1 Name	2 Title	3 Function	4 Ownership Interest	5 Compensation Received From Other Nursing Homes*	6 Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		7 Compensation Included in Costs for this Reporting Period**		8 Schedule V. Line & Column Reference	
						Hours	Percent	Description	Amount		
1	Floyd Schlossberg a.	President	CEO	100.00	215,738	2.112	5.28	salary	\$ 12,026	27-7	1
2	Lauren Magnusson b.	Nurse coordinator	nursing admin		69,665	2.112	5.28	salary	3,884	15-7	2
3	Terry Magnusson c.	Maint. Supervisor	construct/maint		47,360	2.112	5.28	salary	2,640	7-7	3
4											4
5											5
6	a. Floyd Schlossberg is the President and sole stockholder of Alden Management Services, Inc.										6
7	b. Lauren is the daughter of Floyd Schlossberg										7
8	c. Terry is the son-in-law of Floyd Schlossberg										8
9											9
10											10
11											11
12											12
13								TOTAL	\$ 18,550		13

* If the owner(s) of this facility or any other related parties listed above have received compensation from other nursing homes, attach a schedule detailing the name(s) of the home(s) as well as the amount paid. THIS AMOUNT MUST AGREE TO THE AMOUNTS CLAIMED ON THE THE OTHER NURSING HOMES' COST REPORTS.

** This must include all forms of compensation paid by related entities and allocated to Schedule V of this report (i.e., management fees). FAILURE TO PROPERLY COMPLETE THIS SCHEDULE INDICATING ALL FORMS OF COMPENSATION RECEIVED FROM THIS HOME, ALL OTHER NURSING HOMES AND MANAGEMENT COMPANIES MAY RESULT IN THE DISALLOWANCE OF SUCH COMPENSATION

Facility Name & ID Number Alden Poplar Creek Rehab & HCC # 0032896 Report Period Beginning: 01/01/2004 Ending: 2/31/2004

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES ☒ NO ☐

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization Alden Management Services, Inc
Street Address 4200 W. Pererson Ave.
City / State / Zip Code Chicago, Ill 60646
Phone Number (773) 286-3883
Fax Number (773) 286-3743

	1	2	3	4	5	6	7	8	9	
	Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1		See page 8A (also page6A)				\$	\$		\$	1
2										2
3										3
4										4
5										5
6										6
7										7
8										8
9										9
10										10
11										11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					\$	\$		\$	25

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

A. Interest: (Complete details must be provided for each loan - attach a separate schedule if necessary.)

	1	2	3	4	5	6	7	8	9	10		
	Name of Lender	Related**		Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense	
		YES	NO				Original	Balance				
	A. Directly Facility Related											
	Long-Term											
1	Cambridge		X	Mortgage		09/2002	\$ 9,875,100	\$ 9,688,067	12/2037		\$ 612,872	1
2	Therapeutic Systems		x	Working Capital							10,408	2
3												3
4												4
5												5
	Working Capital											
6	related party-AMS										54,100	6
7	related party CPT										2,529	7
8	related party-FECH										726	8
9	TOTAL Facility Related						\$ 9,875,100	\$ 9,688,067			\$ 680,635	9
	B. Non-Facility Related*											
10	interest income -replace. Reserve										(368)	10
11	patient interest income										(145)	11
12												12
13												13
14	TOTAL Non-Facility Related						\$	\$			\$ (513)	14
15	TOTALS (line 9+line14)						\$ 9,875,100	\$ 9,688,067			\$ 680,122	15

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V.

\$ 48,638

Line # 36

* Any interest expense reported in this section should be adjusted out on page 5, line 14 and, consequently, page 4, col. 7.
(See instructions.)

** If there is ANY overlap in ownership between the facility and the lender, this must be indicated in column 2.
(See instructions.)

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE (continued)

B. Real Estate Taxes

	Important , please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.							
1. Real Estate Tax accrual used on 2003 report.	\$	584,100	1					
2. Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)	\$	598,508	2					
3. Under or (over) accrual (line 2 minus line 1).	\$	14,408	3					
4. Real Estate Tax accrual used for 2004 report. (Detail and explain your calculation of this accrual on the lines below.)	\$	616,500	4					
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. (Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)	\$		5					
6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. TOTAL REFUND \$ For Tax Year. (Attach a copy of the real estate tax appeal board's decision.)	\$		6					
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.	\$	630,908	7					
Real Estate Tax History:								
Real Estate Tax Bill for Calendar Year:	1999	517,127	8					
	2000	524,839	9					
	2001	557,622	10					
	2002	567,026	11					
	2003	598,508	12					
Accrual is based on an estimated 3% increase over prior year's actual invoice.								

NOTES:

1. Please indicate a negative number by use of brackets(). Deduct any overaccrual of taxes from prior year.
2. If facility is a non-profit which pays real estate taxes, you must attach a denial of an application for real estate tax exemption unless the building is rented from a for-profit entity.
This denial must be no more than four years old at the time the cost report is filed

IMPORTANT NOTICE

TO: Long Term Care Facilities with Real Estate Tax Rates RE: 2003 REAL ESTATE TAX COST DOCUMENTATION

In order to set the real estate tax portion of the capital rate, it is necessary that we obtain additional information regarding your calendar 2003 real estate tax costs, as well as copies of your original real estate tax bills for calendar 2003.

Please complete the Real Estate Tax Statement below and forward with a copy of your 2003 real estate tax bill to the Department of Public Aid, Office of Health Finance, 201 South Grand Avenue East, Springfield, Illinois 62763.

Please send these items in with your completed 2004 cost report. The cost report will not be considered complete and timely filed until this statement and the corresponding real estate tax bills are filed. If you have any questions, please call the Office of Health Finance at (217) 782-1630.

2003 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAMEAlden Poplar Creek Rehab & HCCCOUNTYCook

FACILITY IDPH LICENSE NUMBER0032896

CONTACT PERSON REGARDING THIS REPORTSteven M. Kroll

TELEPHONE773 286-3883FAX #:773-286-3743

A. Summary of Real Estate Tax Cost

Enter the tax index number and real estate tax assessed for 2003 on the lines provided below. Enter only the portion of the cost that applies to the operation of the nursing home in Column D. Real estate tax applicable to any portion of the nursing home property which is vacant, rented to other organizations, or used for purposes other than long term care must not be entered in Column D. Do not include cost for any period other than calendar year 2003.

(A)	(B)	(C)	(D) Tax Applicable to Nursing Home
Tax Index Number	Property Description	Total Tax	
1. 07-07-300-012-000	nursing home facility	\$ 598,508.00	\$ 598,508.00
2.	Related party-Alden Management	\$ 149,765.00	\$ 7,908.00
3.	Related party-Forum	\$ 13,827.00	\$ 689.00
4.		\$	\$
5.		\$	\$
6.		\$	\$
7.		\$	\$
8.		\$	\$
9.		\$	\$
10.		\$	\$
TOTALS		\$ 762,100.00	\$ 607,105.00

B. Real Estate Tax Cost Allocations

Does any portion of the tax bill apply to more than one nursing home, vacant property, or property which is not directly used for nursing home services? YES X NO

If YES, attach an explanation & a schedule which shows the calculation of the cost allocated to the nursing home. (Generally the real estate tax cost must be allocated to the nursing home based upon sq. ft. of space used.)

C. Tax Bills

Attach a copy of the original 2003 tax bills which were listed in Section A to this statement. Be sure to use the 2003 tax bill which is normally paid during 2004.

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 249,325

B. General Construction Type: Exterior brick Frame steel Number of Stories 3

C. Does the Operating Entity?

☐ (a) Own the Facility

☒ (b) Rent from a Related Organization.

☒ (c) Rent from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI. Those checking (c) may complete Schedule XI or Schedule XII-A. See instructions.)

D. Does the Operating Entity?

☐ (a) Own the Equipment

☐ (b) Rent equipment from a Related Organization.

☒ (c) Rent equipment from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI-C. Those checking (c) may complete Schedule XI-C or Schedule XII-B. See instructions.)

E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's grounds (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, nurse aide training facilities, etc.) List entity name, type of business, square footage, and number of beds/units available (where applicable).

F. Does this cost report reflect any organization or pre-operating costs which are being amortized?

☐ YES

☒ NO

If so, please complete the following:

1. Total Amount Incurred:

2. Number of Years Over Which it is Being Amortized:

3. Current Period Amortization:

4. Dates Incurred:

Nature of Costs:

(Attach a complete schedule detailing the total amount of organization and pre-operating costs.)

XI. OWNERSHIP COSTS:

A. Land.

	1	2	3	4	
	Use	Square Feet	Year Acquired	Cost	
1	Patient care	62,115	1978	\$ 90,580	1
2					2
3	TOTALS	62,115		\$ 90,580	3

Facility Name & ID Number Alden Poplar Creek Rehab & HCC

0032896

Report Period Beginning:

01/01/2004 Ending: 12/31/2004

XI. OWNERSHIP COSTS (continued)**B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

	1 Beds*	FOR OHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
4		Related party-Forum		1978	\$ 16,213	\$	22	\$	\$	16,213	4
5											5
6	217		1995	1988	9,202,500	230,062	40	230,062		2,102,579	6
7											7
8											8
	Improvement Type**										
9		Electrical work/deoc/construction/fire alarm		1988	34,647		5-10			34,647	9
10		Sink repair/painting/marble work/class/electrical		1989	142,814		5-10			142,814	10
11		Install pump/village street signal/heater motor		1990	12,416	600	5-15	600		12,890	11
12		Replace boiler/replace a/c unit/replace condensor		1991	11,622	521	5-15	521		10,796	12
13		Flooring/clean condensor/roto-rooter/sprinkler/pump		1992	15,458	199	5-25	199		13,056	13
14		HVAC/electrical work/flooring/fan/counter /cabinets		1993	72,195	1,181	5-20	1,181		59,034	14
15		HVAC/prior credits applied		1994	(5,559)	(429)	10-15	(429)		442	15
16		A/C work/electricity repair/HVAC repairs		1995	23,105	1,523	5-15	1,523		16,669	16
17		Increase lighting levels on first floor		1996	8,838	589	15	589		4,811	17
18		Repair and epoxy all shower bases		1996	7,164	478	15	478		3,902	18
19		Clean coils to existing NU-AHL		1996	7,164	716	10	716		6,090	19
20		Laundry-enclose dryer area, door etc.		1996	7,763	388	20	388		3,202	20
21		Redesign PT,OT, activity area		1996	11,943	597	20	597		5,076	21
22		Repair restucco 2 entrance monuments		1996	5,014	501	10	501		4,096	22
23		Remove & replace roof with new		1996	89,573	4,479	20	4,479		36,949	23
24		Replace 2-25 gallon 450 BTU hot water heaters		1996	41,801	2,787	15	2,787		23,223	24
25		Add alternate biler phasing standby/back		1996	5,972	398	15	398		3,285	25
26		Change roof exhausts		1996	13,137	876	15	876		7,299	26
27		Repaint all painted surfaces in soda shop		1996	1,850		5			1,850	27
28		Add pantries w/kitchen equip to 1,2,3rd floors		1996	122,492	6,125	20	6,125		50,528	28
29		Siegert (sprinkler system)		1996	29,000	1,933	15	1,933		16,916	29
30		Tri-star install cooler assec.		1997	1,864		5			1,864	30
31		Cummis/onan -install pump		1997	4,959		5			4,959	31
32		Network environment -repair pipe		1997	8,000		5			8,000	32
33		Network environment -repair pipe		1997	6,800		5			6,800	33
34		A&B install cable in all rooms		1997	4,680	468	10	468		3,393	34
35											35
36											36

*Total beds on this schedule must agree with page 2.

**Improvement type must be detailed in order for the cost report to be considered complete.

See Page 12A, Line 70 for total

Facility Name & ID Number Alden Poplar Creek Rehab & HCC

0032896

Report Period Beginning:

01/01/2004 Ending: 12/31/2004

XI. OWNERSHIP COSTS (continued)**B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
37			\$	\$		\$	\$	\$	37
38	Wigdahl electric-insall outlet and lights	1998	1,778		5			1,778	38
39	A&B custom cable install cable tv 2nd floor rooms	1998	4,680		5			4,680	39
40	CSI-maint. On choller and clean condensor valves	1998	8,400	840	10	840		5,460	40
41	CSI-repair compressor and freon	1998	2,330	155	15	155		983	41
42	CSI-repair condensing unit on cooler	1998	1,869	187	10	187		1,184	42
43	ABC	1998	1,748,376	47,254	5-20	47,254		326,225	43
44	ABC	1998	13,080	1,308	10	1,308		7,957	44
45	Alpha Sign-signs and plaques	1999	9,881	494	20	494		2,758	45
46	CSI-repair condensor	1999	1,528	153	10	153		815	46
47	Fos valley fire & safety-smoke detectors	1999	6,502	650	10	650		3,359	47
48	CSI-repair boiler	1999	1,875	125	15	125		646	48
49	CSI-compressor	1999	1,531	102	15	102		519	49
50	Equipment Int.-washing machine	1999	1,936	355	5	355		1,936	50
51	ABC-concrete, fencing	1999	12,735	849	15	849		4,316	51
52	Climate Services, -replace coil/thermostat	1999	5,425	543	10	543		3,256	52
53	DBS contracting-install lawn sprinkler system	2000	1,863	124	15	124		559	53
54	New Horizons	2000	525		3			525	54
55	New Horizons	2000	667		3			667	55
56	New Horizons	2000	714		3			714	56
57	New Horizons	2000	824		3			824	57
58	Alden Design	2000	4,440	222	20	222		962	58
59	Alden Design	2000	5,500	275	20	275		1,169	59
60	Walter Mayer -interior finishes	2000	4,000	267	15	267		1,289	60
61	CSI-window treatment	2000	19,411	3,882	5	3,882		18,440	61
62	DBS contracting - Alden sign	2000	1,500	300	5	300		1,425	62
63	Equipment Int.-repair dryer	2000	1,864		3			1,864	63
64	A&B custom cable install cable tv 1st floor rooms	1998	5,760		5			5,760	64
65									65
66									66
67									67
68									68
69									69
70	TOTAL (lines 4 thru 69)		\$ 11,772,419	\$ 312,077		\$ 312,077	\$	\$ 3,001,453	70

**Improvement type must be detailed in order for the cost report to be considered complete.

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		\$ 11,772,419	\$ 312,077		\$ 312,077	\$	\$ 3,001,453	1
2	Equipment Int. -repair dryer	2000	926		3			926	2
3	GTMechanical-repair cooler and freezer doors	2000	1,530	306	5	306		1,351	3
4	CSI-Coker Service-replace walk-in cooler doors	2000	2,356	471	5	471		2,002	4
5	ABC -misc. construction work	2000	5,949	1,190	5	1,190		4,958	5
6	Equipment Int. -repair dryer	2000	1,036	207	5	207		863	6
7	Equipment Int. -repair dryer	2000	1,103	221	5	221		920	7
8	Equipment Int. -repair dryer	2000	1,103	221	5	221		920	8
9	Washtown Equipment(repair washers)	2001	572	16	3	16		572	9
10	CAPPS - Plumbing	2001	5,565	557	10	557		2,087	10
11	Alden Bennett Construction (carpeting)	2001	6,617	1,838	3	1,838		6,617	11
12	Alden Bennett Construction (misc. repairs)	2001	2,160	432	5	432		1,548	12
13	CAPPS - Plumbing (plumbing repairs)	2001	1,865	373	5	373		1,212	13
14	Long Elevator (car stations in two elevators)	2001	4,800	320	15	320		1,040	14
15	Fire Pros (fire alarm control panel upgrade)	2001	1,650	165	10	165		536	15
16	GT Mechanical (laundry exhaust fan for dryers)	2001	2,398	480	5	480		1,559	16
17	The Floor Source (carpeting in dining room)	2001	2,866	796	3	796		2,866	17
18	Capps - Plumbing (plumbing repairs)	2001	2,215	443	5	443		1,772	18
19	ABC - Parking lot Repair	2002	59,397	2,970	20	2,970		7,672	19
20	ABC - Misc. Repairs	2002	3,734	373	10	373		840	20
21	Alden Bennett Construction (carpeting)	2002	(6,617)	(2,206)	3	(2,206)		(6,617)	21
22	Capps Plumbing (hot water pump)	2002	1,885	377	5	377		1,005	22
23	Capps Plumbing (install new drain)	2002	1,685	337	5	337		871	23
24	GT Mechanical (condenser pump motor)	2002	2,505	251	10	251		648	24
25	Alden Bennett Construction (alarm annunciator)	2002	7,769	777	10	777		1,942	25
26	GT Mechanical (replaced motor)	2002	3,112	622	5	622		1,556	26
27	Alden Bennett Construction(chain link gate)	2002	2,565	513	5	513		1,283	27
28	GT Mechanical (replace motor)	2002	2,287	457	5	457		1,067	28
29	GT Mechanical (taco pump)	2002	3,808	381	10	381		889	29
30	Capps Plumbing & Sewer (handicapped accesible fountains	2002	2,500	250	10	250		542	30
31	New Horizons Communication (phone & jacks instal	2002	3,651	365	10	365		761	31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 11,905,412	\$ 325,580		\$ 325,580	\$	\$ 3,045,661	34

**Improvement type must be detailed in order for the cost report to be considered complete.

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12B, Carried Forward		\$ 11,905,412	\$ 325,580		\$ 325,580	\$	\$ 3,045,661	1
2	Alden Bennett Construction (Automatic door op.eqpt)	2003	5,785	578	10	578		867	2
3	Alden Bennett Construction (3rd Floor remodeling)	2003	5,731	573	10	573		907	3
4	Alden Bennett Construction(elevator)	2003	2,595	519	5	519		692	4
5	CSI Coker Service (Refridgerator repairs)	2003	5,283	1,057	5	1,057		1,761	5
6	CSI Coker Service (kitchedn eqpt repairs)	2003	2,833	567	5	567		756	6
7	Patten CAT (AMS Billings)(engine reapiers)	2003	1,598	320	5	320		400	7
8	GT Mechanical (plumbing reapiers)	2003	2,544	509	5	509		594	8
9	Alden Bennett Construction (Carept/elevator cab.)	2004	1,437	479	3	479		479	9
10	GT Mechanical (plumbing reapiers)	2004	2,810	515	5	515		515	10
11	GT Mechanical (plumbing reapiers)	2004	1,267	232	5	232		232	11
12	GT Mechanical (plumbing reapiers)	2004	4,055	180	15	180		180	12
13	GT Mechanical (plumbing reapiers)	2004	4,469	372	5	372		372	13
14	Alden Bennett Construction (Boiler repairs.)	2004	2,133	44	20	44		44	14
15	Oak Fire/Security Systems(fire pumpair re)	2004	2,550	85	5	85		85	15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 11,950,502	\$ 331,610		\$ 331,610	\$	\$ 3,053,545	34

**Improvement type must be detailed in order for the cost report to be considered complete.

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	2	3	4	5	6	7	8	9	10
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12C, Carried Forward		\$ 11,950,502	\$ 331,610		\$ 331,610	\$	\$ 3,053,545	1
2									2
3	Related Party-Forum:								3
4	Leasehold Improvement-Remodeling	1980	12,303		15			12,303	4
5	Leasehold Improvement-Remodeling	1980	19,273		20			19,273	5
6	Leasehold Improvement-Tenant Improvement	1987	996		13			996	6
7	Leasehold Improvement-AMS Remodel	1988	14,339		10			14,339	7
8	Leasehold Improvement-Roof	1994	3,572	223	16	223		2,234	8
9	Leasehold Improvement-Build.Improv.	1996	1,259	79	16	79		704	9
10	Leasehold Improvement-Asphalting	2000	98		3			98	10
11	Leasehold Improvement-DAI	2001	172	17	10	17		54	11
12	Leasehold Improvement-Bathrooms	2002	733	82	7	82		181	12
13	Leasehold Improvement-Suite Renovation	2003	1,638	164	10	164		328	13
14	Leasehold Improvement-Plumbing, Construct, Concrete, Doors, etc	2004	1,820	148	7	148		148	14
15	Leasehold Improvement-Add-on Improvement, fixture base	1980	79		23			79	15
16	Leasehold Improvement-Add-on Improvement, lighting base	2001	137	27	5	27		103	16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26	Related Party-AMS:								26
27	Leasehold Improvement-Remodeling	1993	5,938		7			5,938	27
28	Leasehold Improvement-Remodeling	2002	4,861	608	7	608		1,215	28
29	Leasehold Improvement-Remodeling	2003	5,085	775	7	775		1,394	29
30									30
31									31
32									32
33	Forum Extended Care, LLC-building/building improv	1999	13,393	266	30	266		2,041	33
34	TOTAL (lines 1 thru 33)		\$ 12,036,198	\$ 333,999		\$ 333,999	\$	\$ 3,114,974	34

**Improvement type must be detailed in order for the cost report to be considered complete.

XI. OWNERSHIP COSTS (continued)

C. Equipment Depreciation-Excluding Transportation. (See instructions.)								
	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	\$1,198,832	\$93,985	\$93,985	\$	various	\$601,683	71
72	Current Year Purchases	97,175	4,621	4,621		various	4,621	72
73	Fully Depreciated Assets	225,944	2,162	2,162		various	234,938	73
74								74
75	TOTALS	\$1,521,951	\$100,768	\$100,768	\$		\$841,242	75

D. Vehicle Depreciation (See instructions.)*									
	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9
76	car/engine/bus/van	dodge/other	98-'04	\$8,164	\$130	\$130	\$	3	\$7,981
77	passenger bus		2000	49,863					49,863
78									
79									
80	TOTALS			\$58,027	\$130	\$130	\$		\$57,844

E. Summary of Care-Related Assets				1	2
		Reference			Amount
81	Total Historical Cost	(line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)			\$13,706,756
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)			\$434,897
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)			\$434,897
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)			\$
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)			\$4,014,060

F. Depreciable Non-Care Assets Included in General Ledger. (See instructions.)				
	1 Description & Year Acquired	2 Cost	Current Book Depreciation 3	Accumulated Depreciation 4
86	N/A	\$	\$	\$
87				
88				
89				
90				
91	TOTALS	\$	\$	\$

G. Construction-in-Progress		
	Description	Cost
92	N/A	\$
93		
94		
95		\$

* Vehicles used to transport residents to & from day training must be recorded in XI-F, not XI-D.

** This must agree with Schedule V line 30, column 8.

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease:related party-cost is backe d out
2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4?
If NO, see instructions.
- ☐ YES☐ NO

		1 Year Constructed	2 Number of Beds	3 Original Lease Date	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:				\$			3
4	Additions							4
5								5
6								6
7	TOTAL				\$			7

8. List separately any amortization of lease expense included on page 4, line 34.
This amount was calculated by dividing the total amount to be amortized
by the length of the lease.
-

9. Option to Buy:
- ☐ YES☐ NO
- Terms:
- *

B. Equipment-Excluding Transportation and Fixed Equipment. (See instructions.)

15. Is Movable equipment rental included in building rental?
- ☐ YES☒ NO
16. Rental Amount for movable equipment: \$3,652
- Description:copy machine lease=\$3,076+ postage meter=\$576
- (Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17	transport-non patients	various	\$ #####	\$ 12,915	17
18					18
19	related party-AMS	various	\$ #####	24,143	19
20					20
21	TOTAL		\$ #####	\$ 37,058	21

10. Effective dates of current rental agreement:

BeginningNovember 1995

EndingOctober 2005

11. Rent to be paid in future years under the current rental agreement:

	Fiscal Year Ending	Annual Rent
12.	/2005	\$ 714,339
13.	/2006	\$ 0
14.	/2007	\$ 0

* If there is an option to buy the building, please provide complete details on attached schedule.

** This amount plus any amortization of lease expense must agree with page 4, line 34.

A. TYPE OF TRAINING PROGRAM (If aides are trained in another facility program, attach a schedule listing the facility name, address and cost per aide trained in that facility.)

1. HAVE YOU TRAINED AIDES DURING THIS REPORT PERIOD?

☐ YES

☒ NO

If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.

skilled nurse on site

2. CLASSROOM PORTION:

IN-HOUSE PROGRAM

IN OTHER FACILITY

COMMUNITY COLLEGE

HOURS PER AIDE

☐

☐

☐

3. CLINICAL PORTION:

IN-HOUSE PROGRAM

IN OTHER FACILITY

HOURS PER AIDE

☐

☐

B. EXPENSES		ALLOCATION OF COSTS (d)			
		1	2	3	4
		Facility			
		Drop-outs	Completed	Contract	Total
1	Community College Tuition	\$	\$	\$	\$
2	Books and Supplies				
3	Classroom Wages (a)				
4	Clinical Wages (b)				
5	In-House Trainer Wages (c)				
6	Transportation				
7	Contractual Payments				
8	Nurse Aide Competency Tests				
9	TOTALS	\$	\$	\$	\$
10	SUM OF line 9, col. 1 and 2 (e)	\$			

- (a) Include wages paid during the classroom portion of training. Do not include fringe benefits.
- (b) Include wages paid during the clinical portion of training. Do not include fringe benefits.
- (c) For in-house training programs only. Do not include fringe benefits.
- (d) Allocate based on if the aide is from your facility or is being contracted to be trained in your facility. Drop-out costs can only be for costs incurred by your own aides.

C. CONTRACTUAL INCOME

In the box below record the amount of income your facility received training aides from other facilities.

\$

D. NUMBER OF AIDES TRAINED

COMPLETED	
1. From this facility	
2. From other facilities (f)	
DROP-OUTS	
1. From this facility	
2. From other facilities (f)	
TOTAL TRAINED	

- (e) The total amount of Drop-out and Completed Costs for your own aides must agree with Sch. V, line 13, col. 8.
- (f) Attach a schedule of the facility names and addresses of those facilities for which you trained aides.

XIV. SPECIAL SERVICES (Direct Cost) (See instructions.)

	1	2	3	4	5	6	7	8		
	Service	Schedule V Line & Column Reference	Staff		Outside Practitioner (other than consultant)		Supplies (Actual or) Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
			Units of Service	Cost	Units	Cost				
1	Licensed Occupational Therapist	39-3	hrs	\$		\$ 313,430	\$		\$ 313,430	1
2	Licensed Speech and Language Development Therapist	39-3	hrs			41,470			41,470	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39-3	hrs			330,672			330,672	4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy	See page 16A	# of prescrpts				163,411		163,411	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Exceptional Care Program									12
13	Other (specify):	See page 16A				19,933	428,970		448,903	13
14	TOTAL			\$		\$ 705,505	\$ 592,381		\$ 1,297,886	14

NOTE: This schedule should include fees (other than consultant fees) paid to licensed practitioners. Consultant fees should be detailed on Schedule XVIII-B. Salaries of unlicensed practitioners, such as nurse aides, who help with the above activities should not be listed on this schedule.

Page 16
Col 5: PT,OT, & ST
Col 6: Other
Amount

XIV. SPECIAL SERVICES (Direct Cost)

Service

1. OT	39-3	\$313,429.66
2. ST	39-3	41,469.57
3.		
4. PT	39-3	330,672.98
5.		
6.		
7.		
8.		
9. Phamacy		215,995.20
Plus: Related Party- Forum Drugs		(29,691.00)
Plus: Related Party- Forum I.V.		(22,893.00)
Total to line 9 Pharmacy		
To Page 16		163,411.20
10.		
11.		
12. Exceptional Care-Column 3		0.00
12. Exceptional Care-Column 6		0.00
13. Other:Lab, x-ray therapy, Mattress, Pyramid billings		419,015.38
Oxygen Cost - IDPA		48,322.00
Related Party- Pyramid		(38,368.00)
Related Party- CPT		19,933.00
Total to line 13		
To Page 16		448,902.38
14. Total		1,297,885.79

=====

This report must be completed even if financial statements are attached.

		1	2	
		Operating	After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 125,000)	1,544,778	1,544,778	3
4	Supply Inventory (priced at)	2,173	2,173	4
5	Short-Term Investments			5
6	Prepaid Insurance		48,151	6
7	Other Prepaid Expenses	5,284	5,284	7
8	Accounts Receivable (owners or related parties)	2,583,434	2,372,103	8
9	Other(specify): Due from 3rd parties	66,919	82,624	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 4,202,588	\$ 4,055,113	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		310,554	13
14	Buildings, at Historical Cost		11,273,592	14
15	Leasehold Improvements, at Historical Cost	588,142	588,142	15
16	Equipment, at Historical Cost	635,774	1,495,837	16
17	Accumulated Depreciation (book methods)	(775,994)	(3,786,817)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs		54,448	19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds		395,901	21
22	Other Long-Term Assets (specify):			22
23	Other(specify):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 447,922	\$ 10,331,657	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 4,650,510	\$ 14,386,770	25

		1	2	
		Operating	After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 2,511,396	\$ 2,511,396	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	243,387	243,387	28
29	Short-Term Notes Payable	82,546	82,546	29
30	Accrued Salaries Payable	367,470	367,470	30
31	Accrued Taxes Payable (excluding real estate taxes)	19,820	19,820	31
32	Accrued Real Estate Taxes(Sch.IX-B)		616,500	32
33	Accrued Interest Payable		50,862	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	accr. ins,exps,idpa,sales tax	198,082	198,082	36
37				37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 3,422,701	\$ 4,090,063	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable	29,410	9,717,477	39
40	Mortgage Payable			40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43				43
44				44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$ 29,410	\$ 9,717,477	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 3,452,111	\$ 13,807,540	46
47	TOTAL EQUITY(page 18, line 24)	\$ 1,198,399	\$ 579,230	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 4,650,510	\$ 14,386,770	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 1,557,948	1
2	Restatements (describe):		2
3	external audit adjustmetn made after 2003 cost report was	21,633	3
4	submitted. These have no effect on prior years report;		4
5	bad debt,medicare revenues (non-allowables)		5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 1,579,581	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(381,182)	7
8	Aquisitions of Pooled Companies		8
9	Proceeds from Sale of Stock		9
10	Stock Options Exercised		10
11	Contributions and Grants		11
12	Expenditures for Specific Purposes		12
13	Dividends Paid or Other Distributions to Owners	()	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe)		15
16	Other (describe)		16
17	TOTAL Additions (deductions) (sum of lines 7-16)	\$ (381,182)	17
	B. Transfers (Itemize):		
18			18
19			19
20			20
21			21
22			22
23	TOTAL Transfers (sum of lines 18-22)	\$	23
24	BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)	\$ 1,198,399	24 *

* This must agree with page 17, line 47.

XVII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required classifications of revenue and expense must be provided on this form, even if financial statements are attached.
Note: This schedule should show gross revenue and expenses. Do not net revenue against expense.

1			
	Revenue	Amount	
	A. Inpatient Care		
1	Gross Revenue -- All Levels of Care	\$ 10,171,980	1
2	Discounts and Allowances for all Levels	()	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 10,171,980	3
	B. Ancillary Revenue		
4	Day Care	1,308	4
5	Other Care for Outpatients		5
6	Therapy	18,995	6
7	Oxygen	38,465	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 58,768	8
	C. Other Operating Revenue		
9	Payments for Education		9
10	Other Government Grants		10
11	Nurses Aide Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care	4,151	13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	3,138	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	135	19
20	Radiology and X-Ray		20
21	Other Medical Services	72,428	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 79,852	23
	D. Non-Operating Revenue		
24	Contributions		24
25	Interest and Other Investment Income***	145	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 145	26
	E. Other Revenue (specify):****		
27	Settlement Income (Insurance, Legal, Etc.)		27
28	Medical Records, Food service	1,416	28
28a	Write off of Old Amounts Due (related to prior yr, not offs	23,120	28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 24,536	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 10,335,281	30

2			
	Expenses	Amount	
	A. Operating Expenses		
31	General Services	1,465,828	31
32	Health Care	3,414,592	32
33	General Administration	2,036,981	33
	B. Capital Expense		
34	Ownership	2,310,958	34
	C. Ancillary Expense		
35	Special Cost Centers	1,368,971	35
36	Provider Participation Fee	119,133	36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 10,716,463	40
41	Income before Income Taxes (line 30 minus line 40)**	(381,182)	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (381,182)	43

* This must agree with page 4, line 45, column 4.

** Does this agree with taxable income (loss) per Federal Income Tax Return? not yet done If not, please attach a reconciliation.

*** See the instructions. If this total amount has not been offset against interest expense on Schedule V, line 32, please include a detailed explanation.

****Provide a detailed breakdown of "Other Revenue" on an attached sheet.

XVIII. A. STAFFING AND SALARY COSTS (Please report each line separately.)
(This schedule must cover the entire reporting period.)

		1	2**	3	4	
		# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage	
1	Director of Nursing	2,176	2,239	\$ 73,734	\$ 32.93	1
2	Assistant Director of Nursing	1,890	1,994	58,694	29.44	2
3	Registered Nurses	34,516	37,261	1,124,263	30.17	3
4	Licensed Practical Nurses	16,919	18,158	446,950	24.61	4
5	Nurse Aides & Orderlies	89,180	94,008	1,184,956	12.60	5
6	Nurse Aide Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides					8
9	Activity Director	1,056	1,056	17,184	16.27	9
10	Activity Assistants	8,819	9,339	88,249	9.45	10
11	Social Service Workers	3,354	3,394	59,779	17.61	11
12	Dietician					12
13	Food Service Supervisor	1,880	2,000	30,120	15.06	13
14	Head Cook					14
15	Cook Helpers/Assistants	33,686	35,781	323,047	9.03	15
16	Dishwashers					16
17	Maintenance Workers	3,104	3,472	68,386	19.70	17
18	Housekeepers	17,328	18,953	175,322	9.25	18
19	Laundry	7,548	8,198	60,755	7.41	19
20	Administrator	1,392	1,392	68,907	49.50	20
21	Assistant Administrator					21
22	Other Administrative	4,301	4,656	107,331	23.05	22
23	Office Manager					23
24	Clerical	4,855	5,137	63,110	12.29	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator	2,424	2,480	72,761	29.34	29
30	Habilitation Aides (DD Homes)					30
31	Medical Records					31
32	Other Health Care(specify)					32
33	Other(specify) <u>Alzheimers Staff</u>	5,519	6,043	64,365	10.65	33
34	TOTAL (lines 1 - 33)	239,947	255,561	\$ 4,087,913 *	\$ 16.00	34

B. CONSULTANT SERVICES

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Consultant Cost for Reporting Period	Schedule V Line & Column Reference	
35	Dietary Consultant	monthly	\$ 9,600	1-3	35
36	Medical Director	monthly	12,600	10-3	36
37	Medical Records Consultant				37
38	Nurse Consultant				38
39	Pharmacist Consultant	monthly	5,208	10-3	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant	65	3,580	11-3	44
45	Social Service Consultant	13	700	11-3	45
46	Other(specify)				46
47	<u>Alzheimers Conultant</u>		12,291	11-3	47
48					48
49	TOTAL (lines 35 - 48)	78	\$ 43,979		49

C. CONTRACT NURSES

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference	
50	Registered Nurses		\$ N/A		50
51	Licensed Practical Nurses				51
52	Nurse Aides				52
53	TOTAL (lines 50 - 52)		\$		53

* This total must agree with page 4, column 1, line 45.

** See instructions.

XIX. SUPPORT SCHEDULES

A. Administrative Salaries				D. Employee Benefits and Payroll Taxes			F. Dues, Fees, Subscriptions and Promotions	
Name	Function	Ownership %	Amount	Description		Amount	Description	Amount
Sherry Marquart	Administrator		\$ 63,791	Workers' Compensation Insurance	\$	96,649	IDPH License Fee	\$
Karen Taylor	Administrator		5,116	Unemployment Compensation Insurance		30,155	Advertising: Employee Recruitment	940
				FICA Taxes		307,788	Health Care Worker Background Check	
Note : additional administrator salaries				Employee Health Insurance		30,836	(Indicate # of checks performed)	264
were allocated to this facility from the				Employee Meals		35,276	Surety Bond Dues and Subscriptions	987
home office and are included on line 27.				Illinois Municipal Retirement Fund (IMRF)*			Ill Health Care Assoc.	7,994
				Uniopn,Health& Welfare		154,341	related party - AMS	579
				Pension		36,505		
				Dental and Life		6,643		
				Relations misc payroll vaccinations drug tests		15,709		
				</				

* Attach copy of IMRF notifications

**See instructions.

XIX-H. SUPPORT SCHEDULE - DEFERRED MAINTENANCE COSTS (which have been included in Sch. V, line 6, col. 3).
(See instructions.)

	1	2	3	4	5	6	7	8	9	10	11	12	13
	Improvement Type	Month & Year Improvement Was Made	Total Cost	Useful Life	Amount of Expense Amortized Per Year								
					FY2001	FY2002	FY2003	FY2004	FY2005	FY2006	FY2007	FY2008	FY2009
1	Painting	1988	\$ 4,226	5	\$	\$	\$	\$	\$	\$	\$	\$	\$
2	Service master	1988	3,962	10									
3	Complete Temp	1989	1,300	5									
4	Service master	1990	3,182	5									
5	CSI	1992	4,754	5									
6	Bob's painting	1993	1,460	5									
7	Bob's painting	1994	7,715	5	0								
8	Climate Service - insulatio	1995	2,051	12	171	171	171	171	171	171			
9	Onassis - painting	11/95	1,339	3									
10	Totals from PG22a		78,377	3-15	14,143	7,878	5,165	3,034	2,836	862	420	420	420
11													
12													
13													
14													
15													
16													
17													
18													
19													
20	TOTALS		\$ 108,366		\$ 14,314	\$ 8,049	\$ 5,336	\$ 3,205	\$ 3,007	\$ 1,033	\$ 420	\$ 420	\$ 420

XIX-H. SUPPORT SCHEDULE - DEFERRED MAINTENANCE COSTS (which have been included in Sch. V, line 6, col. 3).
(See instructions.)

	1	2	3	4	5	6	7	8	9	10	11	12	13
	Improvement Type	Month & Year											
		Improvement Was Made	Total Cost	Useful Life	FY2001	FY2002	FY2003	FY2004	FY2005	FY2006	FY2007	FY2008	FY2009
21	PAINTING	5/95	840	3									
22	PAINTING	7/95	1,166	3									
23	INSTALL A/C MOTOR/HVAC	7/95	1,605	10	160	160	160	160	85				
24	PAINTING	9/95	1,535	3									
25	motor (hvac)	3/96	1,846	10	185	185	185	185	185	140			
26	hvac repair	6/96	2,283	10	228	228	228	228	228	130			
27	door	5/96	1,026	15	68	68	68	68	68	68	68	68	68
28	condensor	4/96	1,182	10	118	118	118	118	118	87			
29	hot water...	12/96	3,397	15	226	226	226	226	226	226	226	226	226
30	a/c repair	6/96	1,891	15	126	126	126	126	126	126	126	126	126
31	pump repair	8/96	1,988	10	199	199	199	199	199	85			
32	mixed air damper/hot wtr valve	4/97	1,853	3	0								
33	repair leaks in cooling syst	6/97	2,365	3	0								
34	replace tower motor-hvac	6/97	1,795	3	0								
35	pipe insulating	12/97	2,474	3	0								
36	CSI (belt on fan&airhandler)	4/98	1,811	3	151	0							
37	CSI (seal on condenser pump)	7/98	3,302	3	550	0							
38	CSI (replace recirculating pump)	8/98	2,350	3	457	0							
39	CSI (install vents off gas lines)	9/98	2,141	3	476	0							
40	PAINTING **	9/98	7,092	3	1,576	0							
41	PAINTING **	12/98	4,743	3	1,449	0							
42	Chicago Cooling(repair a/c)	6/99	1,998	3	666	278	0						
43	Onassis-painting(ytd>\$1,500) **	7/99	8,037	3	2,679	1,340	0						
44	Chicago Cooling(repair colling system)	02/00	3,416	3	1,139	1,139	94	0					
45	Capps-Plumbing & S.(repair water system)	06/00	1,511	3	504	504	209	0					
46	GT Mechanical (repair air handler)	10/00	2,820	3	940	940	705	0					
47	2000-painting(ytd>\$1,500) **	7/00	6,738	3	2,246	2,246	1,123	0					
48	2001 Capps (plumbing)	10/02	1,460	3		122	487	487	364				
49	TOTALS		74,666		14,143	7,878	3,928	1,797	1,599	862	420	420	420
** = reclassified from line 6 per cost report instructions (if interior painting is over 1,500 for the year, must put in def. Maint.													

XIX-H. SUPPORT SCHEDULE - DEFERRED MAINTENANCE COSTS (which have been included in Sch. V, line 6, col. 3).

(See instructions.)

	1	2	3	4	5	6	7	8	9	10	11	12	13
	Improvement Type	Month & Year Improvement Was Made	Total Cost	Useful Life	FY2001	FY2002	FY2003	FY2004	FY2005	FY2006	FY2007	FY2008	FY2009
50	TOTALS FROM PAGE 22A		74,666		14,143	7,878	3,928	1,797	1,599	862	420	420	420
51	Security Services (dooraalarm system)	12/02	1,220	3			407	407	406				
51	Capps-Plumbing & sewer (repair wat	01/03	2,491	3			830	830	831				
51													
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51	TOTALS		78,377		14,143	7,878	5,165	3,034	2,836	862	420	420	420
** = reclassified from line 6 per cost report instructions (if interior painting is over 1,500 for the year, must put in def. Maint.													

XX. GENERAL INFORMATION:

- (1)

Are nursing employees (RN,LPN,NA) represented by a union?

Yes
- (2)

Are there any dues to nursing home associations included on the cost report?

If YES, give association name and amount.

11,718
- (3)

Did the nursing home make political contributions or payments to a political action organization?

Yes

If YES, have these costs been properly adjusted out of the cost report?
- (4)

Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year?

o

If YES, what is the capacity?
- (5)

Have you properly capitalized all major repairs and equipment purchases?

Yes

What was the average life used for new equipment added during this period?

10 yrs
- (6)

Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V.

\$

36,715

Line
- (7)

Have all costs reported on this form been determined using accounting procedures consistent with prior reports?

Yes'

If NO, attach a complete explanation.
- (8)

Are you presently operating under a sale and leaseback arrangement?

No

If YES, give effective date of lease.
- (9)

Are you presently operating under a sublease agreement?

YES

X

NO
- (10)

Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)?

YES

NO

X

If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over.
- (11)

Indicate the amount of the Provider Participation Fees paid and accrued to the Department of Public Aid during this cost report period.

\$

119,133

This amount is to be recorded on line 42 of Schedule V.
- (12)

Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee?

No

If YES, attach an explanation of the allocation.

- (13)

Have costs for all supplies and services which are of the type that can be billed to the Department of Public Aid, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V?

Yes
- (14)

Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B?

No

For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.
- (15)

Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V.

\$

35,276

Has any meal income been offset against related costs?

no

Indicate the amount.

\$

n/a
- (16)

Travel and Transportation

a. Are there costs included for out-of-state travel?

No

If YES, attach a complete explanation.

b. Do you have a separate contract with the Department to provide medical transportation for residents?

No

If YES, please indicate the amount of income earned from such a program during this reporting period.

\$

c. What percent of all travel expense relates to transportation of nurses and patients?

0

d. Have vehicle usage logs been maintained?

N/A

e. Are all vehicles stored at the nursing home during the night and all other times when not in use?

N/A

f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report?

N/A

g. Does the facility transport residents to and from day training?

No

Indicate the amount of income earned from providing such transportation during this reporting period.

\$

0
- (17)

Has an audit been performed by an independent certified public accounting firm?

Yes

Firm Name:

BDO Seidman

The instructions for the cost report require that a copy of this audit be included with the cost report. Has this copy been attached?

No

If no, please explain.

Not yet ready
- (18)

Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V?

Yes
- (19)

If total legal fees are in excess of \$2500, have legal invoices and a summary of services performed been attached to this cost report?

Yes

Attach invoices and a summary of services for all architect and appraisal fees.

Reclassifications - Pgs 3 and 4

From Line	To Line	Amount	Description
2		(35,276)	Employee Meal
	22	35,276	Employee Meal
22		(7,713)	Uniforms
	10	4,659	Uniforms
	6	466	Uniforms
	4	227	Uniforms
	1	1,233	Uniforms
	3	636	Uniforms
	11	492	Uniforms
		<div>0</div>	Net should be 0